

## WYLIE WAVE SUMMER YOUTH PROGRAM 2006 REGISTRATION FORM

### Applicant Information: (please print or type)

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_ Age \_\_\_\_\_ Male or Female

Child's grade 2006-2007 school year \_\_\_\_\_ Name of WISD school child attending \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Home phone number \_\_\_\_\_ If none, contact phone number \_\_\_\_\_

1. Parent/Legal Guardian name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent/ Guardian daytime phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Driver Lic. No. \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Parent/Legal Guardian name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent/ Guardian daytime phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Driver Lic. No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Circle Camper's T-shirt Size    YS(6-8)    YM(10-12)    YL(14-16)    AS    AM    AL    AXL

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### Emergency Contacts/Permission to pick up child

Parent pick up is required, in the event you will not be able to pick up your child, please list persons below authorized to pick up your child. Note: ID will be required at time of pick up and child will not be released to anyone other than those listed below.

1. Name \_\_\_\_\_ Wk#/other \_\_\_\_\_ Hm. \_\_\_\_\_  
Driver Lic. No. \_\_\_\_\_

2. Name \_\_\_\_\_ Wk#/other \_\_\_\_\_ Hm. \_\_\_\_\_  
Driver Lic. No. \_\_\_\_\_

3. Name \_\_\_\_\_ Wk#/other \_\_\_\_\_ Hm. \_\_\_\_\_  
Driver Lic. No. \_\_\_\_\_

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### Attendance and transportation Information:

Sign my child up for the following Camp Weeks: (check all that apply)

<input type="checkbox"/> Week 1, May 30-June 2 (Tue start)	<input type="checkbox"/> Week 6, July 3-7(closed on 4 <sup>th</sup> )
<input type="checkbox"/> Week 2, June 5-9	<input type="checkbox"/> Week 7, July 10-14
<input type="checkbox"/> Week 3, June 12-16	<input type="checkbox"/> Week 8, July 17-21
<input type="checkbox"/> Week 4, June 19-23	<input type="checkbox"/> Week 9, July 24-28
<input type="checkbox"/> Week 5, June 26-30	<input type="checkbox"/> Week 10, July 31-Aug 4

### PLEASE ADD THE FOLLOWING EXTRA SERVICES FOR MY CHILD

☐ Extended A.M. (7:00am-7:30pm, \$6) ☐ Extended P.M. (5:30pm-6:00pm, \$6) ☐ Extended Both(\$10)

☐ Morning Transportation from Community Park to McMillan Junior High (vehicle leaves @ 8:00am, \$10)

**P. 2 Child's Name**\_\_\_\_\_

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**Medical/Special Needs Information**

In the event of an EMERGENCY, individuals will be taken to the nearest hospital.

If applicable, Name and Phone # of Family Physician:\_\_\_\_\_

Please list any medical/special needs information that we need to know regarding your child (please include physical conditions/diseases/behavioral information):\_\_\_\_\_

Does your child have any allergies to food/medication/environment (bee stings, grass, etc.)?

\_\_\_\_\_ yes \_\_\_\_\_ no? If yes, please explain : \_\_\_\_\_

List any activities/restrictions that your child may not participate in: \_\_\_\_\_

A separate Medicine Form must be filled out for any medications to be administered to your child.

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**Authorizations (please initial all boxes that apply and sign below)**

\_\_\_\_I understand that responsibility for my child will be assumed by the Wylie Youth Program only when he/she has checked in with an authorized staff member of the program.

\_\_\_\_I authorize my child to: \_\_\_\_\_walk; \_\_\_\_\_ride a bike; \_\_\_\_\_carpool; to and from camp. (check all that apply)

\_\_\_\_I authorize any Wylie Youth Programs to transport my child to and from program activities and field trips.

\_\_\_\_I understand none of the Wylie Youth Programs provide refrigerated storage for lunches, snacks or medication.

\_\_\_\_I acknowledge that the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

\_\_\_\_I authorize the Wylie Youth Programs to involve my child in appropriate water activities.

\_\_\_\_I authorize the Wylie Youth Programs to send communication by email (i.e. newsletters, promotional materials).

\_\_\_\_I authorize my child's photo or likeness to be used in promotion materials (i.e., flyers, website, video).

\_\_\_\_I have read and understand the rules, regulations, and policies of the Youth Program I am applying for and agree to follow them as described in the information given to me (Parent Handbook).

\_\_\_\_I acknowledge receipt of the Wylie Parks and Recreation Department "Standards of Care" for Youth Programs. (Standards included in Parent Handbook).

I understand that the activities/programs held within the Parks and Recreation Department may include physical activity and exercise with the possibility of physical contact and bodily injury to my children or ward (if any) listed above, and that the Parks and Recreation Department and its staff and the City of Wylie (the "City"), are not undertaking responsibility to oversee activities that are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for my children.

In consideration of the use and availability of the services and facilities, by me and the above listed children and wards, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Center, and their respective officers, agents, instructors, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me or said children or wards while enrolled in any class or program sponsored, organized or supervised by the Center or the City, except for acts of gross negligence or intentional acts of the said officers, agents, instructors, and employees.

Further, in case of accident, injury or sudden illness, I authorize any first-aid or emergency medical care which may become necessary for my child or ward while enrolled in any activity or program administered by the City. I also authorize that my child or ward may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child or ward named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

My signature below constitutes authorization and understanding of above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date